

**GOVERNMENT OF THE REPUBLIC OF LITHUANIA**

**RESOLUTION**

No. 954

**ON THE APPROVAL OF THE STATE TOBACCO CONTROL-PROGRAMME**

Vilnius 30

July 1998

Pursuant to Article 16 of the Law on Tobacco Control (*Official Gazette* No 11-281, 1996) the Government of the Republic of Lithuania has resolved:

1. To approve the State Tobacco Control Programme (attached hereto).
2. To assign the Ministry of Health the responsibility to organise, coordinate and control the implementation of the Programme specified in point 1.

Prime Minister

Gediminas Vagnorius

Minister of Health

Mindaugas Stankevicius

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## STATE TOBACCO CONTROL PROGRAMME

### GENERAL PROVISIONS

1. The implementation of the Programme shall start in quarter IV, 1998, and shall end in quarter IV, 2010.

The Ministry of Health, which coordinates the implementation of the Programme, shall be responsible for the implementation of the Programme. Coordination Council for the Implementation of the Programme (a consultancy body made of representatives from different public services and organizations) shall be formed at the Ministry of Health. The Ministry of Health shall organize and control the implementation of the Programme and approve yearly work plans approved by the Council. Funds allocated for the implementation of the Programme shall be managed and employment contracts with concrete contracting parties shall be concluded by the Ministry of Health or by an institution authorized by the Ministry of Health.

### CHARACTERISTICS OF THE PROGRAMME

2. The Programme has been made pursuant to Article 16 of the Law on Tobacco Control (*Official Gazette* No 11-281, 1996).

3. Every year more than 7000 people in Lithuania die from smoking-related diseases, whereas according to the data of the World Health Organization this figure for the whole world is about 3 million.

Research has shown that about 53 percent of men and about 16 percent of women smoke in Lithuania. This bad habit is also quite widely spread among young people. According to international research carried out in Lithuania as many as 25 percent of younger school children and about two-thirds of grade 10 school children have already tried to smoke. It is known that 61.5 percent of school children aged 15-16 (78.7 percent of boys and 53.1 percent of girls) had been smoking at some period of their life. An important indicator is smoking of school children every day in the last 30 days, which shows that they constantly smoke. There are about 25 percent (34 percent of boys and 18 percent of girls) of such school

children in Lithuania.

4. In 1995 Lithuania was one of the first countries in Eastern Europe to adopt the Law on Tobacco Control which is in accordance with the recommendations of the World Health Organization. Beside other issues, the Law provides for a total ban of tobacco advertising. However, with the abolition of the institution, which, according to law, was responsible for the control of advertising and sales promotion of tobacco products, this provision has not yet been implemented and tobacco advertising is practically unlimited. The right of non-smokers to breathe clean air without tobacco smoke is not guaranteed.

Many

companies and organizations do not have special premises (places) for smoking, or they do not meet the established requirements. Restaurants, cafes and other eating-out places do not have areas for non-smokers. Because of the lack of laboratory equipment and the necessary funds the control of tar, nicotine and hazardous substances is not carried out, therefore it is not possible to guarantee that tobacco products, which are sold, meet all the established quality and hygiene requirements. Considering the market situation, the licensing procedure and accounting of the wholesale of tobacco products have to be improved, new retail sales rules as well as new rules on the inscription of warning notes and marking of hazardous substances on packages have to be approved, general provisions on the arrangement of working places and other regulating documents drafted.

5. Tobacco production is monopolized in Lithuania. In 1997, in Klaipėda private limited liability company Philip Morris Lietuva built a new factory producing 6 billion cigarettes per year. It is not only the production of cigarettes but their exports and imports which are also growing. Cigarette smuggling problems are also important. According to the official data of 1996, one member of a household spends per year about LTL 50 for tobacco products and total sales of tobacco products for 800,000 smokers in Lithuania almost reach LTL 300 million. In the world the number of cigarettes smoked increased from 2.8 trillion to 5.7 trillion from 1967 till 1997.

6. For the Implementation of the Tobacco Control and Alcohol Control Laws the Government of Lithuania established a State Tobacco and Alcohol Control Service. The main goal of the Service is to identify and implement together with ministries and other government institutions state tobacco control policy and coordinate the work of the sectors.

7. Enhancement of public health and teaching about healthy life are very important in fighting smoking. In 1992, the implementation of the National Smoking Prevention Programme among school children in Lithuania's 43 districts and 11 towns started. Because of insufficient funds this Programme as well as other state and municipal health enhancement

programmes (health propaganda, enhancement of a healthy way of life in educational institutions, hypertension control, prevention of cardiovascular, oncological and other diseases as well as prevention of the use of tobacco, alcohol and other narcotic substances) which include smoking prevention issues are only partly implemented.

8. Majority of smokers want and try to give up smoking, but only one fourth of them succeed in their attempts, because help is not available to all those who need it. Smoking-related diseases cause one fifth of all the deaths, therefore organizing help to those who try to give up smoking is an obligatory condition for improving public health. This would also be much more feasible economically than to treat people already suffering from smoking-related diseases.

Smoking is the main cause of diseases and premature deaths which could be prevented.

9. In developed countries, where smoking was widely spread in the thirties and forties of this century, the effects of long-term smoking are especially obvious - about 20% of all deaths are related to smoking.

10. Smoking also incurs economic losses. Tobacco products cost to the world not less than USD 200 billion annually and cause much suffering to smokers and their families. Big economic losses are incurred by premature deaths of able-bodied people, their worsening living conditions, medical expenses, decreasing working capacity or its temporary loss. Tobacco is a heavy economic burden for the families and society and a threat to social and economic development and the environment.

Rapid growth of the use of this dangerous product speaks about nicotine's strong narcotic nature and unmatched abilities of tobacco companies to continue aggressive distribution of their products, notwithstanding serious attempts of the society to stop the use of tobacco.

11. Smoking is a typical feature of today's civilized life and one of the most widely spread behaviour risk factors. In the last 30 years the problem of smoking has been thoroughly investigated and it was proved that smoking is hazardous to health. Irrespective of the way tobacco is used (smoking, chewing or sniffing) nicotine which is in the tobacco gets easily absorbed into the blood stream and causes different biochemical and bioelectrical changes in the brain, vegetative nerve system, blood circulation and endocrine systems.

In countries where smoking was especially popular, it was the cause of 90 percent of all deaths from lung cancer, 75 percent of all deaths from bronchitis and emphysema and about 25 percent - from cardiovascular diseases. Smoke in the environment is also very

harmful.

12. Considering the epidemic spread of smoking and its actual effects on people's health, resolutions of the world conference "Tobacco and Health" (Paris, 1994), the EU Committee for Economic and Social Affairs (Istanbul, July, 1997) and the European Regional Committee of the World Health Organization (Istanbul, September, 1997) have outlined the following principles of the smoking prevention and tobacco control strategy:

- to encourage people not to start smoking, pay especially much attention to promotion of health and education, to spreading information on the health hazards caused by smoking;

- to ban by law direct and indirect advertising of tobacco products and promotion of events;

- to support the increase in taxes for tobacco products and the use of such tax money for the enhancement of public health and for health education campaigns;

- to guarantee accessible support to those who are giving up smoking;

- to ban smoking in public buildings and work places, because every person has the right to breathe clean air;

- to cut down the amount of harmful substances in cigarettes, to ban additives, which strengthen the efficiency of nicotine and increase addiction, to demand producers to prove that additives used in cigarette production are not harmful;

- considering the recommendations of the World Health Organization to improve the efficiency (variety, changeability, size and visibility) of warning messages on health hazards;

- to learn how to better fight tobacco smuggling;

- to strengthen cooperation between sectors and coordination of their activities.

13. Dozens of millions of people have given up smoking and the number of people with smoking-related diseases has diminished, their health has improved and average life expectancy has increased. In Lithuania people can also lead a more healthy way of life and be healthier, smoking can and must be eliminated. The present Programme aims at this.

#### GOALS OF THE PROGRAMME

14. The main goal is to diminish the spreading of smoking, its social and economic harm to health. To achieve this it is necessary:

- to develop and improve the legal framework; to

- implement economic means of market control; to

- prevent smoking;

to encourage smokers to give up smoking and provide support to those who are trying to give up smoking;

to create a healthy work and living environment;

to improve the qualifications of specialists who implement the Programme;

to create material and information framework;

to carry out research on the spreading of smoking and on the negative impact of tobacco products on health;

to assess the efficiency of the implementation of the Programme.

15. This Programme aims at implementing the principles of state policy on tobacco control: protection of human rights to life without smoking, protection of non-smokers' rights to a smoke-free environment, reduction of smoking product availability through taxation, prohibiting of tobacco product advertising, sales and consumption promotion, increasing public awareness on social and economic harm inflicted on health by smoking product consumption, encouraging smokers to quit smoking (Article 3 of the Law on Tobacco Control)).

The target groups of the Programme are children and young people. One of the most important goals is to limit the availability of tobacco products. Implementation of the Programme would cut the number of smokers by 10 percent: less people would start smoking, there would be more people who have quit smoking, young people would start smoking 2-3 years later.

The Programme would help to control substances causing general addiction. Every member of the society has to understand that pharmacological and psychological processes causing tobacco addiction are similar to those which cause the addiction to such narcotic substances as heroin and cocaine. For the successful implementation of the Programme it is necessary to provide sufficient and regular funds to different ministries and other state institutions and non-governmental organizations, which are concerned about the control of tobacco and other addictive substances, as well as to the participation of the whole society in preparing and implementing the Programme, to improve the activities of the State Health Fund as well as to allocate sufficient funds from Municipal Health Funds to the development of local (municipal) programmes.

16. A more detailed structure of the Programme is provided in Annex 1, its implementation means - in Annex 2, estimated costs - in Annex 3.

17. Implementation of the Programme will diminish social and economic harm caused by smoking to our state and its citizens.

18. According to the estimates of the World Bank net economic harm caused by tobacco products is about USD 200 billion per year. It consists of direct (treatment of smoking-related diseases) and indirect (premature deaths, working time and production lost because of smoking and smoking-related diseases, sickness and disability benefits, fires, etc.) costs and losses. For example in Canada in 1989 expenses related to tobacco consumption made USD 17.8 billion. Lithuania has not yet made such estimates, but the ratio of smokers in Lithuania is higher than, say, in Canada and sickness, death and other health indicators are worse, therefore it is clear that economic losses due to the use of tobacco are much higher than the revenues that the state gets from the production and sales of these products.

19. Implementation of the Programme would lead to:

improving health of the population (less illnesses and deaths caused by tobacco-related diseases);

diminishing harm of tobacco consumption to public health and state economy;

guaranteeing human rights to a smoke-free environment;

diminishing impact of the social environment encouraging young people to smoke;

Organized qualified and accessible support to those who are quitting smoking;

collection of more accurate data about the spread of smoking, its impact on public health and state economy, implementation of the means for monitoring the spread of smoking.

## FINAL PROVISIONS

20. The Programme is in compliance with the main provisions of the Lithuanian National Health Concept and the World Health Organization Strategy, and the public health care development priorities defined in the Activity Programme of the Government of Lithuania for 1997-2000.

The Programme aims at protecting human rights to be free and independent from nicotine, to breathe smoke-free air, to diminish the harm inflicted by smoking on the public health and state economy.

## FUNDING

21. The Programme shall be financed from the State Health Fund.

STATE TOBACCO CONTROL  
PROGRAMME  
Annex 1

STATE TOBACCO CONTROL PROGRAMME STRUCTURE

Goal	Indicators	Monitoring Means	Preconditions and Risks
<p>Diminish spreading of smoking, its social and economic harm inflicted on health (long-term goal).</p>	<p>The number of non-smokers will grow (by 10 percent)            Number of smoking-related diseases will fall            Ban to smoke in public places will be implemented            Legal acts for the implementation of state, economic and legal tobacco market control means were drafted and adopted            Production, imports and sales of tobacco products were put in order            More (by about 10 percent) information in mass media about fighting smoking, more and better quality publications and methodological means for smoking</p>	<p>Data of the Ministry of Health, statistic manuals            Investigation data on the spreading of smoking and harm inflicted by tobacco products on health            Data of the Ministry of Health, Ministry of Social Security and Labour, Ministry of Internal Affairs as well as other controlling public services  <i>Official Gazette</i> (information on adopted legal acts)            Programme Implementation Reports            Analysis of TV and radio features, articles, publications (Ministry of Health)</p>	<p>Preconditions: tobacco control is carried out in accordance with the health policy priorities of the World Health Organization and Lithuania, Law on Tobacco Control was adopted, State Tobacco and Alcohol Control Service was founded, Lithuanian Government approved the preparation of the Programme.            Risks: no basic changes in health policy (prevention is declared, however, main investments and priorities for the development of medical care are delayed), the drafting and adoption process of legal acts is slow (tobacco lobbying activities), insufficient qualifications of those who draft legal acts, adopted laws and other legal acts are not implemented, insufficient funding.</p>

## (Annex 1)

Goal	Indicators	Monitoring Means	Preconditions and Risks
	prevention (3-4 new publications every year).		
<p>2. Further goals:</p> <p>2.1. develop and improve the legal framework;</p> <p>2.2. implement economic market control means;</p> <p>2.3. carry out smoking prevention;</p>	<p>Legal acts were drafted and approved</p> <p>Annual growth of tobacco retail prices exceeding income growth rates of the population was achieved (by raising excise and customs taxes and limiting sales)</p> <p>Accounting of the imports, production, consumption and trade of tobacco products implemented</p> <p>More and more efficient smoking prevention programmes by the state, municipalities and non-governmental organizations</p> <p>Additional smoking prevention education programmes were implemented in pre-school education institutions, secondary and higher schools</p> <p>Smoking prevention issues included in Patient Health Education Programmes (on the primary health care level)</p>	<p><i>Official Gazette</i></p> <p>Data of the Ministry of Finance, Department of Statistics, Ministry of Economy</p> <p>Implementation of programmes and their efficiency assessment data.</p> <p>Data of the Ministry of Education and Science, Ministry of Health as well as Kaunas Medical University and Vilnius University on curricula, methodological publications, education of the society</p> <p>Annual Reports of public services and organizations participating in the implementation of the Programme.</p>	<p>Preconditions (points 2.1-2.9): international experience and assistance, creation of the State Tobacco and Alcohol Control Service, many schools, willing to participate in healthy school programmes as well as in other prevention programmes, there are education and skills improvement institutions, experience in informal education.</p> <p>Risks (points 2.1-2.9): those who stand for the interests of tobacco companies (the lobby) hinder the adoption of the Programme, initiate different amendments, influence the public opinion as well as the opinions of competent officials via mass media, insufficient control of the implementation of adopted regulatory documents, insufficient funding of the Programme, insufficient competence of those who implement the Programme (in the initial implementation stage)</p>

## (Annex 1)

Goal	Indicators	Monitoring Means	Preconditions and Risks
2.4. encourage to quit smoking and provide support to those who have made such a decision;	<p>Methodological publications for specialists prepared and published ( 1-2 per year)</p> <p>Improved spreading of information on the harm of smoking, education of the society and health education (2-3 new publications every year, 1-2 video and audio features, 2-3 events aimed at smoking prevention)</p> <p>Medical aid centres for those who are giving up smoking were created (1-2 centres in every county)</p> <p>More people giving up smoking (by 10 percent)</p> <p>Expanded health education of smokers (1 event dedicated to this purpose every year)</p>	<p>Programme Implementation Reports</p> <p>Research Data on the spreading of smoking</p>	
2.5. create a healthy working and living environment;	<p>Less smoking in working and eating-out places (cafes, restaurants)</p>	<p>Reports of controlling institutions (Ministry of Social Security and Labour, Ministry of Health, administrations of Counties and Municipalities, State Tobacco and Alcohol Control Service) and sociological research data</p>	
2.6. improve qualifications of specialists participating in the Programme;	<p>Better competence of the participants of the Programme - pedagogical, health care and other specialists, state and municipal civil servants (6-10 courses and seminars annually, where</p>	<p>Programme Implementation Reports</p>	

## (Annex 1)

Goal	Indicators	Monitoring Means	Preconditions and Risks
2.7. create material and information framework;	<p>150-250 people are trained each time, trips of 1-2 specialists to international events and trainings abroad.)</p> <p>Laboratory for identifying nicotine, tar and tobacco additives, established by the Ministry of Health</p> <p>Institution belonging to the system of Kaunas Medical University, Ministry of Health, Ministry of Education and Science was supplied with PC hardware and software for research on the spreading of smoking and assessment of the efficiency of the Programme.</p> <p>Ministry of Health, Kaunas Medical University, Ministry of Education and Science as well as non-governmental organizations were supplied with teaching equipment and means.</p>	Invoices for the equipment purchased	
2.8. to carry out research on the spreading of smoking and on the hazardous impact on health of tobacco products;	<p>Assessment of research results on the spreading of smoking and efficiency of the Programme (in 2005 and 2010)</p> <p>Research on the quantity of nicotine and tar started (since 1999, the Ministry of Health)</p>	Reports on research data	
2.9. Assessment of the implementation efficiency of the Programme.	2005 and 2010	Research data and reports on the implementation of the Programme	

(Annex 1)



## STATE TOBACCO CONTROL PROGRAMME

## Annex 3

## ESTIMATED COSTS OF THE STATE TOBACCO CONTROL PROGRAMME

Type of expenditure	Total Necessary Expenditures per Year (LTL thous., prices at the beginning of 1998)													
	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	Total
Total expenses	56	1953	646	628	557	633	568	662	564	591	538	623	590	8,609
including: wages and salaries	30	290	270	280	250	280	250	300	250	250	250	280	260	3,240
social insurance	9	87	81	84	75	84	75	90	75	75	75	84	78	972
equipment		1336	48	20	20	20	20	20	20	20	20	20	20	1,584
other expenses	17	240	247	244	212	249	223	252	219	246	193	239	232	2,813

STATE TOBACCO CONTROL PROGRAMME  
Annex 2

STATE TOBACCO CONTROL PROGRAMME IMPLEMENTATION MEANS

Type of means	Implementation period	Implementing institutions * (the first is the institution responsible for the implementation)
<p>1. Draft and improve legal acts:</p> <p>1.1. draft legal acts in compliance with corresponding EU legal acts and recommendations of the World Health Organization:</p> <p>concerning warning messages on packages relating to tobacco's harm to health and on the quantities of harmful substances in tobacco products and on the shelf life of tobacco products;</p> <p>concerning the increase in excise for tobacco products (so that prices of tobacco products increase faster than income of the population and that till 2005 the increase in prices is not slower than in EU member states);</p> <p>concerning the licensing of the production of tobacco products and imports of tobacco and tobacco products;</p> <p>concerning the licensing of the wholesale of tobacco products and rules of retail trade in tobacco products;</p> <p>concerning sale or destruction of confiscated tobacco products;</p> <p>concerning the adoption of general provisions for the establishment of working places (establishment of special places for smoking);</p> <p>concerning state statistics on tobacco products;</p>	<p>1998 II half-1999</p> <p>1998 II half-2005</p> <p>1998 II half-1999</p> <p>II half of 1998-1999</p> <p>1998 II half-1999</p> <p>1998 II half-1999 I half</p> <p>1998 II half - 1999 I half</p>	<p>State Tobacco and Alcohol Control Service, Ministry of Health, Ministry of Economy</p> <p>Ministry of Finance, State Tobacco and Alcohol Control Service</p> <p>State Tobacco and Alcohol Control Service, Ministry of Finance, Ministry of Agriculture, Ministry of Health</p> <p>Ministry of Economy, State Tobacco and Alcohol Control Service, Ministry of Finance, Ministry of Health, Ministry of Internal Affairs</p> <p>Ministry of Finance, Ministry of Economy, State Tobacco and Alcohol Control Service, Ministry of Health</p> <p>Ministry of Social Security and Labour, Ministry of Health</p> <p>Department of Statistics</p>

## (Annex 2)

Type of means	Implementation period	Implementing institutions * (the first is the institution responsible for the implementation)
1.1.8. concerning partial changes to internal order rules of preventive imprisonment and penitentiary institutions (prohibiting under-age inmates and convicts to purchase and acquire by other means tobacco and its products and to smoke);		Ministry of Internal Affairs
1.2. prepare the procedure for examining the quality and hygiene of tobacco products;	1998 II half-1999	Ministry of Health
1.3. draft amendments and supplements to the Law on Tobacco Control.	1998 II half-2010	Ministry of Health, Ministry of Agriculture, State Tobacco and Alcohol Control Service
2. Implementation of the economic market control means:		
2.1. control of the production and sales of tobacco products (control of the implementation of the Law on Tobacco Control and other legal acts), make quality and hygiene examination;	1998 II half-2010	State Tobacco and Alcohol Control Service, Ministry of Health, administrations of Counties and Municipalities, Ministry of Internal Affairs, State Quality Inspection at the State Competition and Consumer Rights Protection Service
2.2. prepare and implement accounting methods of imports, production, consumption and trade of tobacco products;	1998 II half - 1999	Department of Statistics, State Tobacco and Alcohol Control Service, Ministry of Finance, Ministry of Economy
2.3. control that producers and importers of tobacco products provide information about the qualitative structure (various harmful substances and additives) of tobacco products;	1998 II half - 1999	Ministry of Health, State Tobacco and Alcohol Control Service, Ministry of Agriculture
2.4. aim that the rise in tobacco product prices is faster than the rise in the income of the population - provide proposals to the Government on the increase of excise for produced and imported tobacco products.	1998 II half - 2010	Ministry of Finance, State Tobacco and Alcohol Control Service
3. Apply tobacco market limiting means:		
3.1. implement limitations of the sale of tobacco products;	1999	State Tobacco and Alcohol Control Service, administrations of Counties and Municipalities
3.2. start to apply state quality control of	1999-2000	State Quality Inspection at the State

## (Annex 2)

Type of means	Implementation period	Implementing institutions * (the first is the institution responsible for the implementation)
<p>tobacco products;</p> <p>aim that chewing and sniffing tobacco, other tobacco products or their substitutes are not imported, produced and sold;</p> <p>aim that products imitating tobacco products are not imported, produced and sold (toys, food products and the like).</p> <p>4. Smoking prevention:</p> <p>implement smoking, alcohol, opiate and other narcotic substances prevention programme for school children (according to a separate subprogram, financed from the funds of the National Drug Prevention Programme);</p> <p>prepare smoking prevention texts and include them in pre-school education curricula;</p> <p>include smoking prevention topics in health programmes and projects;</p> <p>in higher education institutions have a special optional course on bad habits having a negative impact on health;</p> <p>educate society via mass media and inform during cultural and sports events about the dangers of smoking;</p> <p>produce video and audio products aimed at fighting smoking;</p> <p>commemorate world days without tobacco (organize conferences, competitions and other events);</p> <p>organize publishing of publications (against smoking):</p> <p>4.8.1. publications for the general public ( 2— 3 every year)</p> <p>4.8.2. methodological publications for</p>	<p>1998 II half-2010</p> <p>1998 II half-2010</p> <p>1999-2010</p> <p>1998 II half-2010</p> <p>1998 II half-2010</p> <p>1999-2010</p> <p>1998 II half-2010</p> <p>1999,2001,2003, 2005,2007,2009</p> <p>1998 II half -2010</p> <p>1999-2010</p> <p>1998 II half -</p>	<p>Competition and Consumer Rights Protection Service, Ministry of Health</p> <p>State Tobacco and Alcohol Control Service, Ministry of Health, Ministry of Finance, Ministry of Economy, administrations of Counties and Municipalities</p> <p>Ministry of Health, State Tobacco and Alcohol Control Service</p> <p>Ministry of Education and Science, Kaunas Medical University</p> <p>Ministry of Education and Science, Ministry of Health</p> <p>Ministry of Health</p> <p>Ministry of Health, Ministry of Education and Science, Kaunas Medical University, Vilnius University</p> <p>Ministry of Health, National Radio and TV</p> <p>National Radio and TV, Ministry of Health</p> <p>Ministry of Health</p> <p>Ministry of Health</p> <p>Ministry of Education and</p>

## (Annex 2)

Type of means	Implementation period	Implementing institutions * (the first is the institution responsible for the implementation)
<p>specialists (for pedagogical, medical and other specialists), school children and students;</p> <p>4.9. organize health education of patients (include smoking prevention topics in patient health education programmes, prepare methodological materials, train specialists, organize patient education at the initial level of health care);</p>	2010	<p>Science, Ministry of Health</p> <p>Ministry of Health, Kaunas Medical University</p>
<p>4.10. support smoking prevention projects of municipalities (communities);</p>	1999-2010	<p>State Tobacco and Alcohol Control Service, Ministry of Public Administration Reforms and Local Authorities, administrations of Counties and Municipalities, Ministry of Health</p>
<p>4.11. support smoking prevention projects of non-governmental children and youth organizations:</p>	1999-2010	<p>Ministry of Social Security and Labour, Ministry of Education and Science, State Tobacco and Alcohol Control Service</p>
<p>4.11.1. establish an inter-institutional commission for drafting project funding provisions;</p>	1998 II half - 1999 I half	
<p>4.11.2. organize competitions of smoking prevention projects of nongovernmental organizations.</p>	1999 II half	
<p>5. Encourage smokers to quit smoking and provide support for those who are giving up smoking:</p>		
<p>5.1. encourage to give up smoking and enhance motivation:</p>		
<p>5.1.1. organize campaigns during international non-smoking days encouraging to give up smoking;</p>	1998 II half-2010	<p>Ministry of Health</p>
<p>5.1.2. inform smokers about the harm smoking inflicts on health;</p>	1999-2010	<p>Ministry of Health, National Radio and TV</p>
<p>5.2. organize medical and psychological support to smokers in medical care institutions (1 cabinet per year);</p>	1999-2010	<p>Ministry of Health, Kaunas Medical University, Vilnius University</p>
<p>5.3. Carry out programmes aimed at breaking smoking habits of school children who smoke (3 schools every year).</p>	1998 II half-2010	<p>Ministry of Education and Science</p>

## (Annex 2)

Type of means	Implementation period	Implementing institutions * (the first is the institution responsible for the implementation)
6. Create a healthy working and living environment:		
6.1. guarantee that there is no smoking in working places;	1999-2000	Ministry of Social Security and Labour, Ministry of Health
6.2. create a healthy environment (implement the smoking prevention modules of the projects "Healthy School", "Healthy Town", "Healthy Hospital").	1998 II half-2010	Ministry of Health, Ministry of Education and Science, administrations of Counties and Municipalities,
7. Take care of training:		
7.1. improve qualifications of:		
7.1. 1. pedagogical specialists;	1998 II half-2010	Ministry of Education and Science
7.1.2. health care specialists (including laboratory assistants);	1998 II half - 2010	Ministry of Health, Kaunas Medical University, Vilnius University
7.1.3. politicians and civil servants, journalists;	1998 II half - 2010	Ministry of Health
7.1.4. customs officers, boarder guards as well as other internal affairs and defence employees;	1999-2000, 2005	Ministry of Health, Ministry of Finance, Ministry of Internal Affairs
7.2. participate in international conferences and seminars on tobacco control;	1999, 2001,2003, 2005,2007,2009	Ministry of Health, Ministry of Education and Science
7.3. organize training of specialists in foreign education institutions and in support centres for people quitting smoking;	1999, 2000,2003, 2006, 2009	Ministry of Health
7.4. organize pre-diploma (6 hour) and post-diploma (4 hour) studies of medical staff	1999-2000	Ministry of Health, Kaunas Medical University, Vilnius University
8. Purchase and prepare equipment and technical means, create the information base:		
8.1. purchase laboratory equipment for identifying harmful substances in tobacco products and smoke;	1999	Ministry of Health
8.2. take care of other material costs for carrying out the research specified in points 8.1 and 8.3 and for building information bases (for the purchase of reagents, for specialist salaries, etc.);	1999-2010	Ministry of Health
8.3. purchase computer hardware and	1999-2000	Ministry of Health, Ministry of

## (Annex 2)

Type of means	Implementation period	Implementing institutions * (the first is the institution responsible for the implementation)
software (for creating information bases on the spreading of smoking among adults and children and on smoking prevention);		Education and Science
purchase graphic projectors and other teaching equipment.	1999-2000	Ministry of Health, Ministry of Education and Science
9. Organize research:		
participate in the international tobacco consumption research in European schools;	1998-2000, 2003 - 2005, 2008-2010	Ministry of Education and Science
implement research methods for identifying harmful substances in tobacco products;	2000-2001	Ministry of Health
investigate on the price of harm inflicted by smoking on health.	2000	Ministry of Health
Prepare monitoring and assessment of the Programme:		Ministry of Health, State Tobacco and Alcohol Control Service
10.1. intermediary assessment;	2005	
10.2. final assessment;	2010	
3. assessment of the dynamics of efficiency ratios of the Programme.	2001,2007	

\* If necessary at the decision of the Coordination Council other public services, private companies and organizations may be included in the implementation of the Programme